

ACORD™ CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YY)
12/01/23

PRODUCER Chris DiNino - License #0E41640 2100 Palomar Airport, Suite 214 Carlsbad, CA 92011 (760)746-3200	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURERS AFFORDING COVERAGE	
INSURED PLAYMOR TERRACE WEST C/O Moonstone Management Company 8910 University Center Ln Suite 400 San Diego, CA 92122	INSURER A: FARMERS INSURANCE EXCHANGE INSURER B: TRUCK INSURANCE EXCHANGE INSURER C: MID-CENTURY INS CO INSURER D: INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSH LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	60062-64-74	12/01/23	12/01/24	EACH OCCURRENCE \$ 1,000,000								
					FIRE DAMAGE (Any one fire) \$ 75,000								
					MED EXP (Any one person) \$ 5,000								
					PERSONAL & ADV INJURY \$ 1,000,000								
					GENERAL AGGREGATE \$ 2,000,000								
					PRODUCTS - COMP/OP AGG \$ 1,000,000								
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	60062-64-74	12/01/23	12/01/24	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000								
					BODILY INJURY (Per person) \$								
					BODILY INJURY (Per accident) \$								
					PROPERTY DAMAGE (Per accident) \$								
	GAHAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$								
					OTHER THAN EA ACC \$								
					AUTO ONLY: AGG \$								
B	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	09432-82-57	12/01/23	12/01/24	EACH OCCURRENCE \$ 3,000,000								
					AGGREGATE \$ 3,000,000								
					\$								
					\$								
					\$								
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A0946 07 74	12/01/23	12/01/24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATU-TORY LIMITS</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
					WC STATU-TORY LIMITS	OTH-ER							
					E.L. EACH ACCIDENT	\$ 1,000,000							
					E.L. DISEASE EA EMPLOYEE	\$ 1,000,000							
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000												
A	OTHER PROPERTY COV 150% REPLACEMENT COST	60062-64-74	12/01/23	12/01/24	\$70,708,843 (\$10,000 Ded) 224 UNITS - WALLS IN								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

A - Employee Dishonesty / Fidelity - \$1,500,000 (Mgmt Co is addl insured)
 A - Directors and Officers Liability - \$1,000,000 (Mgmt Co is addl insured)
 G.L. includes Separation of Insureds
 Building Ordinance and Betterments and Improvements are included

CERTIFICATE HOLDER **ADDITIONAL INSURED; INSURER LETTER:** A **CANCELLATION**

Moonstone Management Company 8910 University Center Ln Suite 400 San Diego, CA 92122	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 12/01/23
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